

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/98/46

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	—					
2	—					
3	—					
4	—					
5	—					
6	1					
7	1					
8	1					
9	1					
10	1					
11						
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TOTAL IND.	2		2		2	
TOTAL DEP.	3		2		2	
TOTAL CLAIMS	3		2		2	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2		2	
TOTAL DEP.			2		2	
TOTAL CLAIMS			2		2	